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Bib Data Sheet

CONFIRMATION NO. 7458

SERIAL NUMBER 09/887,906	FILING DATE 06/22/2001 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO.
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APPLICANTS

Dominik J. Schmidt, Palo Alto, CA;

** CONTINUING DATA ***** J.G./100

** FOREIGN APPLICATIONS ***** J.G./100

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/15/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>JIC</u> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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ADDRESS

DOMINIK J. SCHMIDT
AIRIFY COMMUNICATIONS INC.
1875 CHARLESTON DRIVE
MOUNTAIN VIEW ,CA 94043

TITLE

Cellular channel bonding for improved data transmission

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/15/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>JG</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
ADDRESS Dominik J. Schmidt Airify Communications, Inc. 2109 Landings Drive Mountain View, CA 94043 <i>Dominik J. Schmidt</i> <i>Airify Communications, Inc</i> <i>1875 Charleston Drive</i> <i>Mountain View, CA 94043</i>					
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FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		